

EARLY VOTING BALLOT TRANSPORT STATEMENT

~This form is to be completed each time the ballot box LOCK is OPENED for ballot transport~

At Location

Election Type: General Election

Election Date: 11/08/2022

Name of Location: **MCTEC-MARICOPA COUNTY ELECTIONS DEPARTMENT- DB - VC# 14136**

BOX 2 OF 2

Arrival Time: 4:12

Were there ballots to be picked up?



YES <If YES, complete lines 1-5



NO <If NO, complete lines 2-5

Completed Forms picked up?



YES



NONE

IS22013578 IS22013577

1) Red Box Seals # _____ & _____ <Indicate the seal numbers that were placed on ballot transport box

2) Ballot Box Sealed/Checked on (Date) 11/5/22 (Time) 4:14 <Date and time box was sealed/checked

3) Location Staff Member (Signature) _____

4) Transport Staff Member (Signature) _____

5) Transport Staff Member (Signature) _____

Departure Time: 4:16

Transport Receipt

This portion to be completed by the Receiving Agent at the MCTEC Facility

Receiving Agent (Signature) _____

Sign to acknowledge receipt from Transport Staff Member

Date/Time: _____

11/5/22 5:29
Date of Audit Match

Ballot Box Seals # 1522013578 & 1522013577 <If applicable, verify the seal numbers on the box match the above from location

Count of Ballots in Transport Bin # 323

G-323 W-22

Audit Agent (Signature) _____

Sign to affirm seal #'s match or that no ballots were to be picked up

Date/Time: _____

11-5-22
Date of Audit Match

